

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

Animal Welfare Bureau
(515) 281-8601
(515) 281-7583

Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319

APPLICATION TO OPERATE IN IOWA AS:

<input type="checkbox"/> Commercial Breeder	\$ 40.00	<input type="checkbox"/> Commercial Kennel (Grooming, Boarding, Training)	\$40.00
<input type="checkbox"/> Pet Shop	50.00	<input type="checkbox"/> Public Auction	40.00
<input type="checkbox"/> Boarding Kennel	30.00	<input type="checkbox"/> Animal Shelter	No Fee
<input type="checkbox"/> Dealer	100.00	<input type="checkbox"/> Pound	No Fee
<input type="checkbox"/> Privately Owned Pound, Selling Dogs or Cats	\$15.00		

No person shall operate a business in one of the above categories without a license or certificate of registration issued by the Iowa Department of Agriculture & Land Stewardship. (Section 162.13, Code of Iowa.) The applicant shall make request for licensing in each of the categories checked above in which he is doing business. The fee shall be the total of the individual fees of business categories for which the license application is being made.

A "Commercial Breeder" is a person, engaged in the business of breeding dogs or cats, who sells, exchanges, or leases dogs or cats in return for consideration, or who offers to do so. A person who owns or harbors three or less breeding males or females is not a Commercial Breeder.

All pounds must be registered. Only pounds which are privately owned and are selling dogs or cats must pay a \$15.00 registration fee.

Owners or their appointed agents must be present to allow inspection of facilities by personnel of the Department during normal business hours. It is incumbent upon the owner or appointed agent to provide information as to how they can be reached for the inspection during business hours.

Name of Business: _____ Phone: _____

Street: _____ City: _____ Zip: _____

County: _____ Township: _____

Directions to business location (if rural): _____

Owner(s) Name(s): _____

Address (if different from business address): _____

Type of Ownership: ____ Corporation ____ Partnership ____ Individual ____ Other _____

Name(s) and Address(es) of branch operations:

(See Reverse Side)

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Proposed opening date of facility: _____

Inspection time most convenient Monday through Friday (9:00 AM – 3:00 PM): Day(s) _____ Hours _____

How many animals on the average are maintained in the total housing facilities? Dogs: _____ Cats: _____

Rabbits & Rodents: _____ Birds: _____ Reptiles: _____ Other Vertebrates: _____

Describe premises and housing facilities (size of area, building dimensions, type of materials in construction, interior finishing, exercise areas, number of housing facilities):

How are animal wastes disposed of from housing facilities and exercise areas?

Do you have isolation facilities for ill or diseased animals? _____

Describe briefly your vermin control program (insects, rodents, etc.): _____

Describe briefly cleaning and sanitizing procedures: _____

Describe briefly immunization & preventative medication procedures used in preventing diseases & parasite infestations:

Describe briefly how animals are transported to and from your facilities (enclosures used, care in transit):

Do you make records of all animals transferred to and from your housing facilities? _____

What other records are kept? _____

SIGNATURE: _____

DATE: _____

License or registration fees shall accompany application. Make checks or money orders payable to IDALS (Iowa Department of Agriculture & Land Stewardship).

***Mail to: Iowa Department of Agriculture & Land Stewardship
Animal Welfare Bureau
Wallace State Office Bldg.
502 East 9th Street
Des Moines, IA 50319***